

UNIFIED CASE PLAN

At the point of Divisional intersections, DAI, DCC, and DJC case managers shall facilitate a seamless Unified Case Plan transition as the client moves from one division to the other, or within an existing Division. Examples of transitions include, but are not limited to, release from DAI to DCC, revocation from DCC to DAI, and transfers from one P&P Agent/Social Worker to another.

When the client is exiting an existing Division or transferring within the same Division, the sending case manager shall review all incomplete tasks/activities and select the Completion Code of Unsuccessful for any that were not achieved as a direct result of the client's actions or lack thereof. All other incomplete tasks and activities shall be left open for potential continuation with the client in the receiving location. The receiving case manager shall then review the existing incomplete goals and action steps for potential continuation. The receiving case manager also has the option to start new tasks/activities based on Division or site-specific programs or services. In the event that an incomplete task/activity is no longer applicable, the receiving case manager shall close the task/activity by selecting the Completion Code of Closed. Note, during the transition the goal should generally remain the same, as it is primarily driven by the assessment and is not Division-specific.

In the case of transition from DJC to an adult Division, the receiving Division's case manager shall create a new case (Lifecycle) and case plan because the juvenile case plan will be closed at the same time as the case (Lifecycle) is closed. The case manager shall review the previous juvenile case plan for continuity and to avoid redundancy when creating the new case plan based on an adult assessment.

Overview: Goals and objectives are developed for supervision based on the initial intake assessment, COMPAS assessment results, additional assessment tools, and client input. The case plan clearly defines for the client, agent, and others, the desired outcome of supervision and how it will be achieved. Goals are to be focused on rehabilitation and based on identified criminogenic factors. They are to be positively stated behavioral outcomes that are specific, measurable, achievable, realistic, and time framed (SMART) goals. Risk reduction should be the primary purpose for the Unified Case Plan (UCP); therefore, the

case plan should not focus on conditions of supervision and contact standards unless they are directly related to a client's criminogenic needs. It is not always possible or feasible to develop a case plan to encompass all of the risk and need areas that have been identified. In these instances, priorities must be established and progressive case planning implemented. Customized Needs may need to be entered for specialized needs that are not identified by COMPAS (i.e. Sex Offender issues or Mental Health issues). Best practice indicates that triggers, incentives, and consequences be discussed and included with each skill deficit/growth area.

In order for a case plan to be effective, it must:

- involve input from the agent, the client, treatment and other service providers and if appropriate, the client's family members;
- focus on the top two to three criminogenic needs identified by the COMPAS assessment and driver worksheet ([Print Version](#), [Fill Version](#)), so as not to overwhelm the client;
- contain practical and concrete goals for the client;
- include short term objectives, allowing the client to build a sense of accomplishment and achievement;
- build on a client's strengths; and
- address barriers to success.

The case plan is the focal point of the client's supervision. The case plan is created at the onset of the client's lifecycle and will follow the client through the lifecycle in the community and the institution. The case planning process is intended to be fully interactive and transparent with the client.

Procedure:

A case plan shall be created for any client supervised at a medium level or higher. The rules of supervision shall be utilized to outline expectations for those clients who are assessed as low risk and are supervised at minimum. In these cases, agents should employ strategies that support stabilization factors, strengthen connections to community resources and align with court ordered conditions. If during the course of supervision, a client's supervision level is increased to a level higher than minimum, a case plan shall be established to identify the intervention tools and resources that will target identified skill deficits/growth areas connected to criminogenic needs.

COMPAS will allow agents to choose from a dropdown menu to identify the assessment on which the case plan is based. This dropdown selection automatically becomes the name of the case plan and can be seen on the Person Summary screen.

The agent will complete the below listed steps in order to create an effective case plan. Once the case plan is initiated, the "Create Case Plan" task will automatically be removed.

A: Engage the client by encouraging involvement in the creation of the case plan, explaining the purpose, and helping the client take ownership of the case plan. Case plans need to reflect clients' individual characteristics to engage them as this leads to reduced recidivism and increased public safety.

B: Target medium and high-risk clients. During the UCP development with the client, no more than three Needs, with respective skill deficit/growth areas, goals and action steps will be addressed at one time. Use the dropdown options unless working under a customized need track for Sex Offender issues or Mental Health issues. The Customized Needs track should only be utilized if COMPAS does not identify a specific need such as Sex Offender or Mental Health issues.

Criminogenic Needs: Identifying the Driver

- Not all criminogenic needs are of equal contribution
- The "drivers" tend to be in the top four criminogenic needs
- The presence of some criminogenic needs are often derivatives of others
- Need to find the pattern of cause in each risk area

Sequence Selection Process of Criminogenic Needs

Determine which needs are criminogenic:

- Top Four Criminogenic Needs
 1. Anti-social cognition
 2. Anti-social companions
 3. Anti-social personality or temperament
 4. Family and/or marital

- Other Four
 1. Substance Abuse
 2. Employment
 3. School
 4. Leisure and/or recreation
- Substance abuse is likely connected with one of the “top four” criminogenic needs and rarely the client’s driver.

Responsivity: Matching Clients to Appropriate Interventions and Supervision Strategy

- Maximize the client’s ability to learn from an intervention by providing cognitive behavioral approaches and tailoring any intervention to the learning style, motivation, abilities, and strengths of the client. This includes gender and other individual characteristics.
- Adjust the supervision approach and interventions accordingly.

C: Review court ordered conditions and explain to client that conditions and criminogenic needs will be addressed during their supervision, but the conditions may not be in the case plan.

D: Assess the client’s motivation to address criminogenic needs. This can be accomplished by use of motivational interviewing techniques, URICA, thinking reports, Carey Guides/BITS, cognitive based programs, or other motivation enhancement strategies.

E: During the UCP development with client, no more than three needs, with respective skill deficits/growth areas and goals and action steps will be identified at one time. Case plans should focus on the top two to three criminogenic needs identified by the COMPAS assessment and driver worksheet. The driver should be prioritized and identified in the actual case plan.

- A skill deficit/growth area shall be identified for each criminogenic need. Agents may select a skill deficit/growth area from the dropdown options or create a customized skill deficit/growth area. Skill deficits/growth areas address risk factor characteristics that drive the criminogenic need.

- One active goal shall be developed for each skill deficit/growth area. Again, goals may be custom created or selected from the dropdown options. Goals should consider a client's reasons for change. To accomplish this, individualized strengths, triggers, incentives and consequences shall be identified with the client. A start date shall be identified for each goal.

Triggers

- Ask the client to list the people, places and things that tend to stimulate anti-social behavior or lead to destructive decision making (i.e. What kinds of situations tend to trip you up? Who might you want to avoid to achieve greater things?).
- Formulate a response plan with clients to deal with triggers (i.e. what might we do to overcome some of the barriers? How can you make success more likely?).

Incentives

- Incentives are one of the main links between people and change. Incentives should be used to encourage and reinforce pro-social behavior.
- Effective incentives must be individualized to the client so as to be meaningful. It is important to identify both internal incentives (i.e. maintain freedom, ability to attend college, maintain family relationships) and external incentives (i.e. extra time out, travel permit, extended curfew, fewer drug tests, reduced reporting).
- The goal is for the client to learn intrinsic responses through this process.

Consequences

- Be creative, the consequence should impact the client.
- Internal consequences (i.e. level of remorse, family disappointed).
- External consequences and interventions (i.e. jail, residential service program, EMP or other monitoring).

Strengths

- Identify strengths for each goal.
- Use strengths identified in the first step of risk reduction to help motivate and give clients confidence that they can achieve success with their case plan goals.

Maintenance

- For goals that are not timebound, such as a goal associated to the Substance Use need area, the On-going Maintenance functionality may be selected. When selected, the goal will collapse and a symbol appears on the case plan to indicate the individual is in maintenance.

- At least one action step shall be developed for each goal. All action steps are customized to be unique to the individual client. Actions steps include tasks the client needs to accomplish in order to achieve their goals. In general, action steps outline participation in community resources as well as risk reduction interventions completed throughout supervision. A start date shall be identified for each action step

E: Print Out the Case Plan

- Once completed, review and sign the case plan with the client.
- The case plan will exist in COMPAS and is not required to be uploaded to the electronic case file.

G: Case Plan Updates

- The case plan is reviewed at every visit with the client. This emphasizes the importance of the plan as well as the responsibilities for progressing on the goals.
- The case plan is updated when there is a change or addition to a goal or action step. In addition, the case plan shall be updated every six months or at the time a SLR is completed. Updates shall reflect progress or completion of noted action steps as well as any additional goals, skill deficits/growth areas and action steps to be targeted for the next review period.

Positive Affirmations/Reinforcement

- Provide more affirmations than criticisms at a 4:1 ratio (i.e. thanks for reporting, being on time, looking presentable, waiting patiently in the lobby, bringing in a payment, attending work, completing community service).
- Make sure the reward is individualized so as to be meaningful to the client.
- "Stack" the rewards so that the client receives consistent positive feedback in the first few months of supervision.
- Apply them frequently for optimal learning.
- Offer only incentives that can be administered and avoid those that cannot due to cost or policy.
- Use positive feedback more frequently in place of silence or negative feedback.
- Establish a positive rapport employing respect, effective listening, strength-based guidance, and authenticity to create a professional alliance that is inherent in its authority.

ECRM > Intake > DCC Intake > Unified Case Plan _ January 2023

H: Discharge

The agent will enter end dates, completion codes of all skill deficit/growth areas, goals and action steps; then close out the case plan upon discharge.